

Trauma-Informed Services and Policies to Support Immigrant and Mixed-Status Families in Early Care and Education

Trauma-Informed Approach to Working with
Providers and Families

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Agenda

1

Review of Stance and Framework

2

Review of the socio-historical and political aspects of immigration, immigration policy, and implications for young children and their families

3

Review of developmentally, trauma and diversity-informed strategies for ECE settings

4

The Impact of the work on the provider

5

Organizational and individual strategies in preventing and addressing the effects of the work on

6

Questions

Trauma-Informed Services and Policies to Support Immigrant and Mixed-Status Families in Early Care and Education: Trauma-Informed Approach to Working with Providers and Families

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Goals and Objectives

- Provide a review of developmentally , trauma and diversity informed strategies for ECE settings serving immigrant children and their families.
- Increase awareness and normalize some of the effects of the work on the providers.
- Define and describe some of these impacts (e.g. Burnout, Vicarious Trauma, Secondary Traumatic Stress, Vicarious Satisfaction).
- Identify strategies (organizational and personal) to promote resilience in the workforce and to identify and address the impact of the work.

Agenda

- Intro (5 min)
- Review specific strategies for trauma informed approach from second webinar (10 min)
 - Working with families/children
 - Resources
- Transition to provider secondary traumatic stress (STS)
- Secondary traumatic stress (STS): (40 min)
 - Reflective supervision
 - Self-care plan
 - Resources
- Q&A
 - 20 min

Reflection

- What it is like for you to serve young immigrant children in the socio-cultural and political context of:

The settings/ environments where you see/serve the children?

- Your organization?
- Your city?
- Your state?

- What role does your family's background, your own history play in the work you do?
- How do all of these factors play a role in the level of satisfaction or stress you might experience in your work with immigrant children and their families?



Tenet # 1

Self-Awareness Leads to Better Services for Families

Professionals in the field of infant mental health must reflect on their own culture, personal values, and beliefs, and on the impact racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on their lives in order to provide diversity-informed, culturally attuned services on behalf of infants, toddlers, and their families.

Mixed-Status Families

- Mixed-status families come from all over the world, but the majority in the US are from Mexico and other places in Latin America (Guatemala, Honduras and El Salvador-Northern Triangle).
- In the US, there are more than 9 million children whose parents are undocumented immigrants.
- Approximately 5.1 million of these children were born in the U.S. to undocumented or mixed status parents (about 8% of all US children).
- 91% of these children are **under the age of 6** (Passel & Cohn, 2009).
- Among children of Latino immigrants, about **4 in 10** second-generation immigrant children live in a mixed-status family.

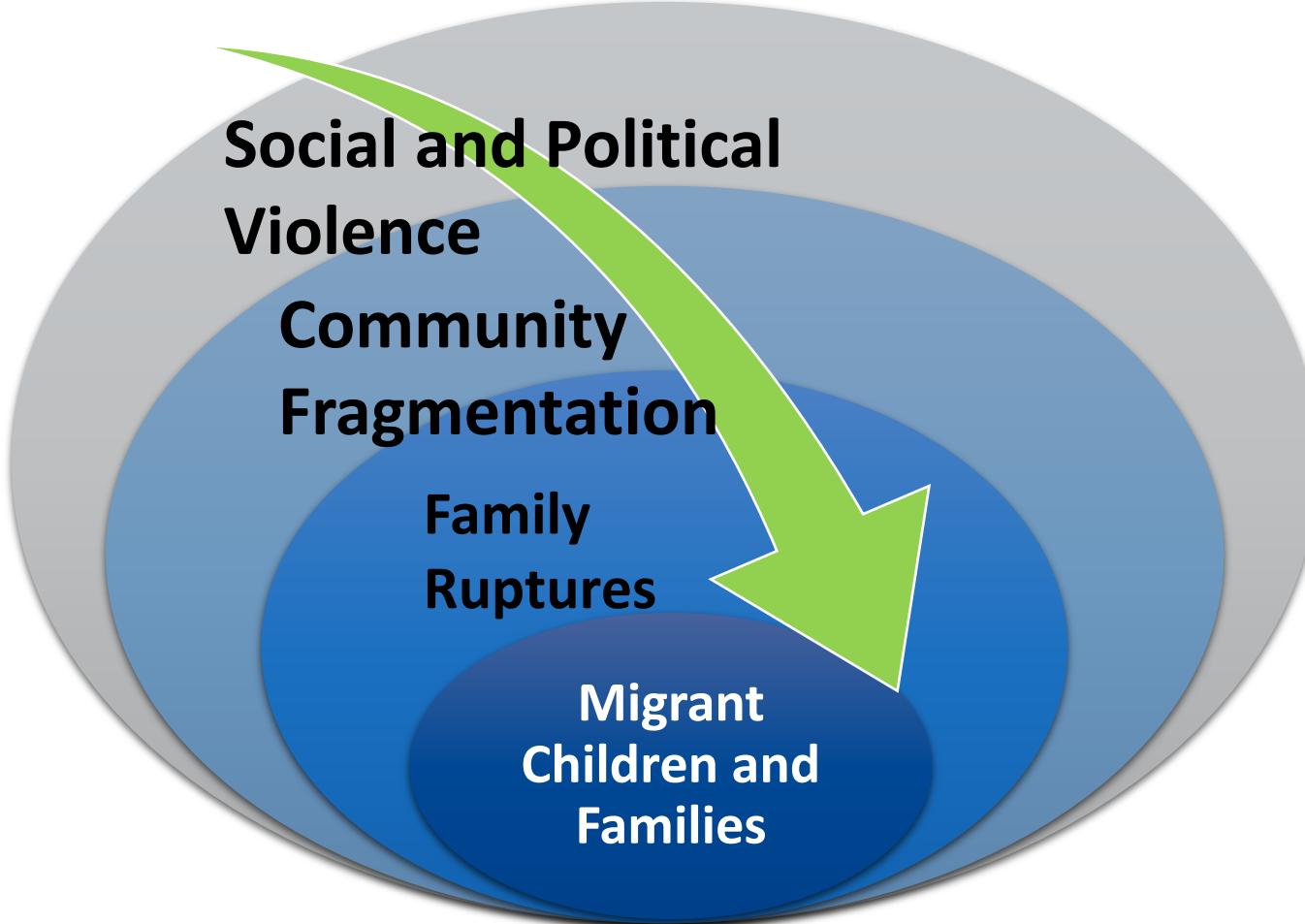
Yoshikawa & Kholopsteva, 2013; Taylor, Lopez, Passel & Motel, 2011; United Nations High Commission for Refugees, 2015; 2016; Passel & Cohn, 2009; Fry & Passel, 2009.

Historical Context

- Political violence and massacres in Central American countries at different points of time between 1960 and 2000:
 - El Salvador (1979-1992).
 - Guatemala (1960-1996).
 - Honduras (1980s).
- Currently, social violence as the aftermath of historical trauma, transmitted across generations and perpetuated through social dynamics.



Historical Trauma



Push Factors



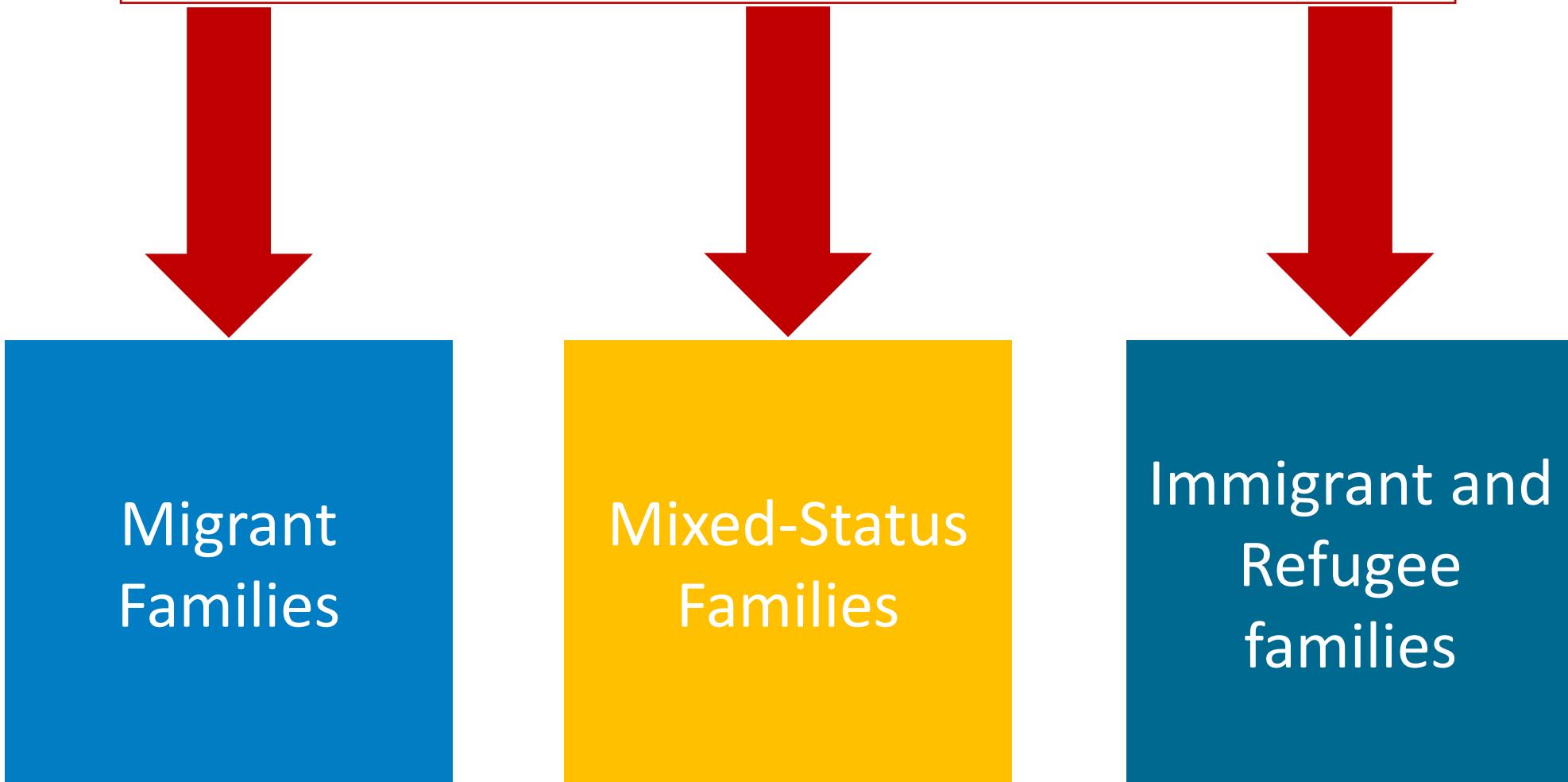
Before, During, After, Now...



When Immigration Is Trauma – Perez Foster, 2001

Casas & Noroña

Immigration Enforcement



The Ripple Effect of the Fear of Detention/Deportation

UNDOCUMENTED STATUS
+
THREATS OF DEPORTATION
=
TRAUMATIC STRESS



Freedom from Fear: A Human Right

A Proactive Approach to Fear Reduction

- Reducing fear is a therapeutic goal and a social justice goal
- In the absence of significant immigration reform, providers should proactively:
 - Create interpersonal safety through self-exploration
 - Become trusted resources
 - Facilitate or provide appropriate mental health services
 - Empower families

(Berger, Cardoso., Faulkne, M. & Scott , 2015; Crutchfield-Stoker, Egmont, Spartley, Lee, Mooney, Slicer, Shi, & Douglas, 2017)

A Diversity- and Trauma-Informed Approach to Services: Practical and Clinical Implications

Interventions must encompass a:

1. Historical and socio-cultural lens.
2. Multipronged, multilayered, multidisciplinary approach.
3. Focus on safety, meaning-making, and choice.
4. Space and intentionality in caring for the caregiver/provider.



Addressing the Effects of Threats of Separation and
Traumatic Separation in ECE Settings

Creating Safe Spaces

PROGRAM IMPLICATIONS

Safe Space Policies

Key Components

- Staff roles and responsibilities.
- How staff should interact with federal immigration agents.
- How you'll minimize disruption.
- How you'll notify parents.

CLASP. (2019). A Guide to Creating “Safe Space” Policies for Early Childhood Programs. Retrieved from www.clasp.org/sites/default/files/publications/2019/04/2019_safespacesguide.pdf

Develop and Strengthen Relationships with Parents/Caregivers

- Assist parents in feeling connected to the provider of care, early care setting.
- Facilitate regular meetings or other ways of communication to invite parents'/ caregivers' input and address their questions/concerns.
- Inviting space and activities to promote the caregiver/child relationship.
- Help parents feel seen, heard and competent:
 - Develop an understanding and appreciation of each child's family's diversity.
 - Consider its on childrearing practices and perception of children's behavior and expression of emotions.
 - Identify strengths and possible concerns collaboratively.
 - Provide information about development and trauma in a timely and culturally responsive way.
 - Offer support and validation with their challenges.
- Establish connections with related community cultural groups and support services.

Clervil, R., Guarino, K., DeCandia, C.J., & Beach, C.A. (2013)

Creating Safe Spaces

BUILDING RESILIENCE IN THE CHILDREN

Build Restorative Relationships

- Create opportunities for continuity of care and relationships with caregivers.
- Help them to be with and connect with other children.
- Individualize interactions with children.



Zero to Three. (2005). Hope & Healing: A caregiver's guide to helping young children affected by trauma. Rice & McAlister Groves, 2005

Talk with and Listen to Young Children

- I see you.
- I hear you.
- I care.
- I am trying to understand.
- I can help.
- You are safe here.



Zero to Three. (2005). Hope & Healing: A caregiver's guide to helping young children affected by trauma. Rice & McAlister Groves, 2005

Build Restorative Relationships: Promote Co-Regulation

- Playtime/Activity Time Strategies

- Leave agenda outside focus on building a relationship.
- Have uninterrupted playtime .
- Provide developmentally, linguistically and socio-culturally appropriate materials and activities that promote interaction and affect regulation (books, peek-a –boo, singing songs, movement/ body-based activities, transitional objects).
- Let child take the lead (offer choice of toys and let the child pick).
- Facilitate experiences with other children and the community.

- Providers' Behavior

- Show them you care about their needs, be reliable.
- Talk to the child in their language.
- Identify and name feelings.
- Help the child understand limits.
- Use a calm tone of voice and be ok with silence.
- Make your interactions predictable, warm and positive.
- Cuddle, touch, have close physical contact and show affection— *If you are allowed and the child wants it.*
- Provide them with opportunities to succeed, and recognize their strengths.

Create Diversity-Informed Safe Environments: Identify, Manage, and Anticipate Triggers

Sensory Information	Emotional and Behavioral Dysregulation	People	Environment
<ul style="list-style-type: none">• Loud noises, noises (sirens)• Smells• Physical touch• Images or sites• Being in the dark• Not being held or touched• Being talked to constantly and by different people	<ul style="list-style-type: none">• Feelings of anger, sadness or fear	<ul style="list-style-type: none">• Too many people/crowded places• Strangers• Police officers/people in uniforms• Hand or body gestures• Stern and scary people	<ul style="list-style-type: none">• Changes in routines• Separation from caregivers/staff• Transitions• Confusion or chaos• Other children coming and going• Being left alone• Hearing bad things being told about their family• Witnessing other children crying and upset

Clervil, R., Guarino, K., DeCandia, C.J., & Beach, C.A. (2013). Trauma-Informed Care for Displaced Populations: A Guide for Community-Based Service Providers. Waltham, MA: The National Center on Family Homelessness, a practice area of American Institutes for Research Health and Social Development Program
Retrieved: <https://www.air.org/sites/default/files/downloads/report/Trauma-informed-care-for-displaced-populations.pdf>

Create Diversity-Informed Safe Environments

Foster rituals and routines that include socio-cultural practices.

Design environments that “speak” to children and their families.

Create opportunities for talking, listening and sharing.

Offer a range of socio-culturally appropriate toys and materials for all areas of development.

Clervil, et al. (2013). Rice & McAlister Groves (2005)

Create Diversity-Informed Safe Environments: Pay Attention to Transitions



Activities

Impulse Control	Sensory Materials	Narrate	Attachment	Youtube videos
<ul style="list-style-type: none">• Fast/slow games• Freeze dance• Pop a bubble only when the word “___” is said	<ul style="list-style-type: none">• Lotion• Drumming• Squishy toys	<ul style="list-style-type: none">• Social Stories• Use feeling words to build child's motivational vocabulary	<ul style="list-style-type: none">• Hand clapping games• Hide and Seek	<ul style="list-style-type: none">• Belly breathe-Elmo• Mindfulness-cookie monster

Courtesy of Courtney Bailey (2015)

Help Children Cope: Making Sense of Separation and Loss

- Think about what a child might be feeling.
- Ask yourself how you can respond to let them know you understand.
- Staying “in tune” with a child’s feelings helps build feelings of trust and security.
- Try to understand why a child may be behaving the way they are and what they really need at this time.
 - Consider socio-cultural, developmental, and trauma factors.
- Think of how the child may feel if you respond in a certain way to them.
- Allow the children to express (verbally and non-verbally) what they are feeling.
 - Reassure them that these big feelings are okay when scary things happen and that they might feel physically uncomfortable.
- Help the children stay connected with their family and culture.
 - Explore foods, activities, routines in ways that they can feel closer to their traditions. NCTSN, 2017

Help Children Cope: Making Sense of Separation and Loss

Convey to children that someone will be there to take care of their needs (use play, body language, books, the physical environment, words).

Create, organize and verbalize a developmentally and linguistically appropriate story/narrative about what the child might be feeling and of what happened that helps connect feelings with behavior.

Using simple words will help the infants/young children begin to making sense of the separation experience.

Rupture and Repair: Pay Attention to the Self

Self-awareness

- Increase awareness of the feelings, thoughts that the children and work might elicit in you (frustration, hopelessness).
- Pay attention to your body and to its reactions (tiredness, aches, pains).
- Be mindful of your body language, proximity to the child, gaze, tone of voice.

Manage your emotional responses

- Avoid showing rejection, anger, fear in response to the child's strong emotional behavior.
- If you were not able to stay calm and regulate in the moment, take a break.

Seek reflective supervision or peer support to process your feelings/responses and impact of the work

Re-connect with the child, once you are calm

- Identify an enjoyable activity that the child likes and you can share with them.
- Keep the child company, verbalize in simple words what happened and reassure the child that you care about them.
- Explain, apologize, and ask the child what was bothering them.

Organizational Strategies

Supporting the Staff

- Pay attention to child-caregiver ratio.
- Provide training and consultation to develop and enhance skills.
- Identify and eliminate inequities (e.g., overburdening staff who are bilingual).
- Create policies and practices to prevent secondary effects of the work in staff (Vicarious Trauma, Secondary Traumatic Stress).
- Implement diversity-informed Reflective Practice and Supervision from the top down and the bottom up.

Screening, Assessment, Case Planning

- Developmental, Linguistic, and Cultural Sensitivity Screening and Assessment.
 - Developmental
 - Trauma history
- Make referrals.
- Developmental and educational services.
- Trauma-Informed Intervention, Diagnosis, and Treatment.

Promote Trauma-Informed Environments

- Begins with understanding:
 - Impact on every aspect of the child's functioning/development
 - Impact on the family
 - Impact on all those within the early care and community, both directly and indirectly
- Shifting the lens through which we view children and their families:
 - “What’s wrong with you?” ↗ “What has happened to you?”
- Building strategies to support providers/educators as they support the children.
- Change is implemented across all domains through collective and collaborative efforts from leaderships, administration, providers, staff, and volunteers.

Creating Safe Spaces

IMPLICATIONS FOR PROVIDERS

Creating a Shared Language on Terms

- **Secondary traumatic stress** refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material (intrusive thoughts, numbing of affect, hyper arousal).
- **Vicarious trauma** refers to changes in the inner experience of the provider resulting from cumulative exposure to another person's traumatic material. The primary symptoms of vicarious trauma are disturbances in the professional's cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy.
- While it is also work-related, **burnout** develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.

Common signs of Secondary Traumatic Stress

Cognitive

Impaired Concentration
Apathy
Rigid thinking
Perfectionism
Preoccupation with trauma

Behavioral

Withdrawal
Sleep disturbance
Appetite change
Hyper-vigilance
Elevated startle response

Emotional

Guilt
Anger
Numbness
Sadness
Helplessness

Physical

Increased heart rate
Difficulty breathing
Muscle and joint pain
Impaired immune system
Increased severity of medical concerns

Vicarious Trauma

You may notice changes in:

- Frame of reference: changes in worldview, spirituality, identity.
- Disrupted psychological needs and beliefs (safety, trust, esteem, intimacy, control).
- Alterations in sensory experiences (perception and memory).
- Feelings of being numb, hard, distant, or depersonalized.
- Become distrustful of others, have difficulty enjoying yourself or taking risks.
- Becoming acutely aware of the pain/danger in the world.

Vicarious Trauma

- May be more prone to make professional errors in boundaries (may either become overly involved and “rescue” client or numb and distant).
- May become overprotective and fearful of own children’s safety.
- May feel disconnected to those closest to them.
- May start reacting more strongly with anger, irritability, hurt or anxiety.
- May feel helpless and angry at the systems that allow these atrocities to continue. May challenge your own faith.

Why is it Important?

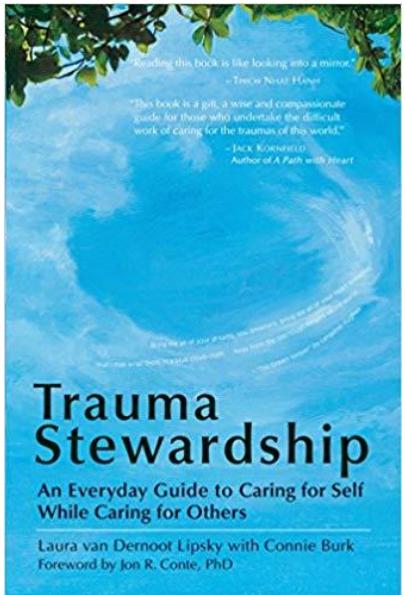
- It is best practice to engage with children empathetically; this can include listening and/or processing a traumatic experience with a child.
- Secondary Traumatic Stress can lead to compromised professional functioning and/or diminished quality of life.
- Indirect trauma exposure is not the only workplace stressor.
- Many professionals also have their own trauma which can increase risk for STS.

The Reality of STS

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Naomi Remen, 1996

Trauma Stewardship



<https://www.youtube.com/watch?v=uOzDGrcvmus>

Personal Risk Factors

- Providers who have a past history of trauma are at substantial higher risk for developing vicarious traumatization.
- Providers who overextend themselves overworking, ignoring healthy boundaries, or taking on too many trauma survivors in their caseload are also at risk.
- Providers who have either less experience as a therapist or too much experience (presumably because of the excess of exposure to traumatic material).
- Providers who have a high percentage of traumatized children (particularly sexually abused children) and patients suffering from dissociative disorders in their caseloads.

Organizational Risk Factors

- Lack of recognition of the impact of trauma on clients, communities and providers.
- Lack of opportunities for ongoing training, mentorship and reflective supervision.
- Lack of adequate support .
 - High caseloads.
 - No process for team support (community building, regular opportunities for team reflection).
- Rigid and punitive leadership styles. Studies show that having autonomy promotes initiative and creativity.

Personal Protective Factors

- Have adequate breaks, exercise, relaxation, and socialization.
- Develop appropriate boundaries between themselves and suffering others while still maintaining a deep sense of connection.
- Mindfulness.
- Commit to lifelong learning, mentorship and continued training.
- Developing a work/life balance. Relishing moments of joy, partnership, and pleasure.



This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013).

Dedicated to all trauma professionals worldwide.

Beyond Self Care

- How do we care for each other? Leaning into community care.
- How can we better take care of each other?
- Increasing sense of belonging and togetherness
- You are not in this alone...



Organizational Protective Factors

- Reflective Supervision.
- An organization that uses democratic processes of decision-making and conflict resolution, and where issues of meaning and purpose are central.
- An organization with an ongoing commitment to a culture of active nonviolence.
- Clear, considerate, empathic communication.
- Recognizing that the occurrence of secondary stress and vicarious trauma is a normal reaction to an abnormal situation.
- Supporting the need for continuous positive social support as the normative standard of behavior for each individual and for the group as a whole.
- Holding each other accountable to seek hope, benevolence and resilience when talking about clients.

Identifying Secondary Traumatic Stress

- Formal assessment of secondary traumatic stress and the related conditions of burnout, compassion fatigue, and compassion satisfaction is often conducted through use of the Professional Quality of Life Measure (ProQOL).
- This questionnaire has been adapted to measure symptoms and behaviors reflective of secondary stress. The ProQOL can be used at regular intervals to track changes over time, especially when strategies for prevention or intervention are being tried. Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals 4 The National Child Traumatic Stress Network www.NCTSN.org .

ORGANIZATIONS AND STS/VT

How Organizations Contribute to Individual's STS

- Lack of awareness and attention to STS at all levels of the organizations.
- Inadequate training on STS.
- Multiple organizational stressors.
- Inexperienced workforce.
- Inequities, discriminatory practices.
- Limited opportunities for leadership and professional development.
- No/few risk reduction practices.
- High level of exposure to activating material
- Lack of appropriate supervision.

Impact on Organizations

Impact of STS on the Workplace

- Negative impact on work performance.
- Loss of job satisfaction.
- Attrition.
- Absenteeism and presenteeism.
- Ethical breaches.

Diversity-Informed Considerations for Organizational STS

- Who has decision-making power in organizations.
 - Staff input and voice in decisions.
 - Policies and procedures reflect staff's values, safety, and needs.
- Resource allocation.
 - Trainings.
 - Structures.
 - Environment.
 - How responsibilities are distributed: e.g. staff who speak different languages or are members from diverse groups might end up with additional responsibilities and expectations.
- Awareness of staff's trauma experience.
 - Staff bring their own experiences and worldview into work.

St. John, Thomas, Noroña, 2012; Noroña 2019

How can Organizations Help?

- Celebrate moments of accomplishments and hope!
- Maintain positive focus on the organization's core mission.
- Convey a sense of hope (e.g., belief in potential for trauma recovery, healing, growth).
- Encourage peer support among staff.
- Convene informal gatherings after crisis events.
- Implement healthy coping strategies to deal with psychological demands of the job.
 - Workplace wellness groups (e.g., yoga, meditation, mindfulness).
 - Reflective practice groups.
 - Reflective Supervision.
- If workplace has an Employee Assistance Provider, ensure staff have the information.
- Conduct self-organizational assessments including trauma-informed care and diversity, equity and inclusion.

Cuellar, Noroña, Sprang & Treves with the NCTSN

Reflective Practice/Reflective Supervision

- An important resiliency-building and relationship-based practice that helps organizations and workers at different levels in a system increase their awareness on how they are impacted by working with traumatized individuals.
- This is about recognizing that sometimes our work with young children and their families can take a toll on workers, both personally and professionally and in organizations. It changes us over time.
- Develop capacity to reflect about the impact of working with families who have experienced trauma.
 - Recognize that service providers often have personal histories of adversity.
 - Recognize that structural issues and policies in service systems can compound these adversities.

Reflective Supervision/Practice

“Regular collaborative reflection between a service provider (clinical or other) and supervisor that builds on the supervisee's use of her thoughts, feelings, and values within a service encounter.” Multiplying Connections

It has 3 main guiding principles:

- Reflection
- Collaboration
- Regularity

Reflective Supervision: Central Premise

- Learning takes place in the context of relationships, and is affected by those relationships.
- It honors parallel process

Murch, T., (2012)



Vicarious Resilience

- Therapists working with traumatized populations learn something about overcoming adversity from their clients.
- Transformations in the therapists' inner experience (specifically a resilience process) resulting from empathetic engagement with the client's trauma material.

Hernandez et al. (2007)

Casas & Norona

Witnessing and reflecting on human beings' capacity to heal leads to...

- Experience empowerment and clarity with regard to formulating their own position with respect to social and political violence.
- Reassess the dimensions of one's own problems.
- Understand the role of spirituality and religion.
- See clients as sources of learning, and realize that they may have more strengths than assessed at the beginning of treatment.
- **Consciously use the self in therapy.**



Closing

Resources

- [https://www.nctsn.org/sites/default/files/resources/secondary trauma child welfare staff guidance for supervisors.pdf](https://www.nctsn.org/sites/default/files/resources/secondary_trauma_child_welfare_staff_guidance_for_supervisors.pdf)
- <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>
- [https://www.michigan.gov/documents/mdhhs/secondary traumatic tress 507838 7.pdf](https://www.michigan.gov/documents/mdhhs/secondary_traumatic_tress_507838_7.pdf)

Links on reflective supervision and best practices:

- <http://www.multiplyconnections.org/become-trauma-informed/reflective-supervision-trauma-informed-care> [https://www.nctsn.org/sites/default/files/resources/factsheet/using the secondary traumatic stress core competencies in trauma-informed supervision.pdf](https://www.nctsn.org/sites/default/files/resources/factsheet/using_the_secondary_traumatic_stress_core_competencies_in_trauma-informed_supervision.pdf)
- [http://www.multiplyconnections.org/sites/default/files/RS%20White%20Paper%20\(Rev%206--11\)%20.pdf](http://www.multiplyconnections.org/sites/default/files/RS%20White%20Paper%20(Rev%206--11)%20.pdf)
- http://www.pacwrc.pitt.edu/curriculum/521%20SupervisorTrainingSeries-Module3-TheMiddleWorkPhase/Hndts/HO32_BstPrctcGdlnsRflctvSprvsn.pdf

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Questions and Reflections

Thank you for taking this journey with us today.



What's next?

*Trauma-Informed Services
and Policies to Support
Immigrant and Mixed-Status
Families in Early Care and
Education: Promising
practices and strategies for
policy and legislation*

July 24, 2019
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